**Administrative Simplification Committee**

**November 19, 2012**

**Meeting Minutes**

The second meeting of the Bayou Health Administrative Simplification Committee was called to order by Jen Steele, committee chair.

Committee members introduced themselves to others in attendance. In attendance were: Jen Steele, Kellea Tuminello, Darlene White, Maddie McAndrew, Deborah Davis, Kyle Viator, Susie Glowacki, Berkley Durbin, Kevin Bridwell, Sonya Nelson, Kevin Campbell, Greg Ivey, Frances Sagona, Floyd Buras, M.D., Paula Jennings, Karen Elledge, Kevin Maddox, Deborah Sorden, Barbara Foley, Shan McDaniel, Greg Waddell, Joette Smith, Veronica Dent, Alesia Wilkins-Braxton, and Destiny Rohmfeld.

Jen Steele provided an update on DHH implementation plans for the ACA provision requiring enhanced reimbursement for certain primary care services/providers. Although the final rule was released by CMS on November 1st, an "all states" call with CMS on November 8th left a key implementation question unanswered. On the call, CMS verbally responded affirmatively to one state's request to use independent verification in lieu of self-attestation for purposes of determining provider eligibility for enhanced reimbursement. Immediately following the call, DHH submitted to CMS a request for written confirmation of its verbal response because independent verification in lieu of self-attestation would have greatly simplified the process of identifying physicians eligible for the enhanced reimbursement in Louisiana yet the final rule did not appear to support such. At the time of the ASC meeting, that request remained pending with CMS and in turn DHH implementation planning relative to the process for identifying eligible providers was put on hold.

After providing the update on ACA, the group followed up on September meeting action items.

1. Newborn Enrollment: September discussion began with newborn reimbursement which led into newborn enrollment. Following up, Health Plans reported on their reimbursement and enrollment policy for newborns. Louisiana Healthcare Connections, Amerigroup, and LaCare shared documents that reflect their policy and procedures on newborn reimbursement and enrollment. United Healthcare stated that they have similar policy and procedures. Community Health Solutions was not present at the meeting.

   Dr. Buras asked the health plans what their policies were for paying PCP as he is not getting paid for follow-up month. He expressed concern that he does not know the names of most of the newborn patients so he can't submit for payment. The hospital is responsible for submitting correct information of newborns on the 152n.

Berkley Durbin requested that there be data collected on successful PCP collection. She also stated that the 48 hour assignment is not being accomplished. Maddie McAndrew followed up that DHH will get HEDIS measures that will report on visit and help show measures that babies are being seen.

2. Auto Assignment: Informational Bulletin 12-16 was distributed to show the auto assignment algorithm. Maximus presented an overview of the auto-assignment of members. Kevin Maddox with Maximus stated that the auto assignment was based on case instead of household, which could explain why siblings would be assigned to different plans and/or PCPs.

3. Member Disenrollment/Reenrollment: Health Plans were asked to provide policy regarding the 60 day reenrollment. All health plans except for CHS stated that they are following the 60 day reenrollment policy.

Following the discussion of the September action items Jen Steele asked if members had any additions to the September items. Additions included:

- Utilization Management outpatient procedure – There is a lack of clarity on how to proceed to get services reviewed and what is considered an appeal vs. reconsideration. Maddie stated that the Department's position is that if the service has been provided then there is no need for members' consent. The health plans' policy on appeals is available on their website.
- Open Enrollment – Recipients will soon receive their letters for open enrollment. The website www.makingmedicaidbetter.com will have the letter and notification of open enrollment. Providers cannot assistance members with open enrollment. Members must use enrollment broker. Informational Bulletin 12-31 explains provider steering.
- Transition of pharmacy to Prepaid Plans – Dr. Buras stated that the plans have different formularies. Maddie discussed the updates regarding the pharmacy transition. Posted on the website there is a cheat sheet on the steps to get prior authorization. Also discussed is the 90 day period for transitions. If not on PDL then providers must get PA. Also, there are 72 hours until a member can get approved for additional medicine.
- Grievance and Appeal – LHA stated that they would like definition of appeal, grievance and compliant. Also mentioned was that hospitals prefer faxing precerts vs. calls.

From the discussion, action items for follow up at the January meeting were identified:

1. Health Plans policy on phone vs. fax for pre-cert.
2. Definition/report requirement for appeals, grievances, and complains.
3. Draft pharmacy form sent to Jen Steele then distributed to the Health Plans.
4. Pharmacy cheat sheet for Prior Authorization for the different medicines.
5. Attestation form for ACA emailed out to members by Jen.

Meeting adjourned.